

# Student Self-Evaluation

NAME: \_\_\_\_\_

## STUDENT FOCUS TEAM

DATE: \_\_\_\_\_

	Always	Usually	Sometimes	Hardly Ever	Never
Raise hand in class					
Act up in line					
Arrive at class on time					
Do what I'm told					
Behaves for substitute(s)					
Talk in class					
Write on desks					
Lean back in chairs					
Chew gum in class					
Throw objects in class					
Hit other students					
Have all materials for class					
Help teacher when asked					
Act politely					
Pay attention in class					
Clean up desk area					
Accept extra duties in class					
Use bathroom time properly					
Turn in found objects to teacher or office					
Obey safety patrol					
Copy work from others					
Use abusive language					
Destroy property					
Take responsibility for my own actions					
Seek help when in difficulty					

*Any other information you think pertinent, please write on back.*